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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/897,429			ing Date 03/2001	To be Mailed	
APPLICATION AS FILED – PART I  (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY												
FOR			UMBER FIL		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	. ,	
	SEARCH FEE		N/A		N/A		N/A			N/A		
	(37 CFR 1.16(k), (i), (i), (ii), (iii), (iiii), (iii), (iii), (iiii), (iiii), (iiii), (iii), (iii),	Ε	N/A		N/A		N/A		1	N/A		
	TAL CLAIMS	or (q))	minus 20 =		*		x \$ =		OR	x \$ =		
IND	CFR 1.16(i)) EPENDENT CLAIM	S	minus 3 =		*		x \$ =			x \$ =		
(37	CFR 1.16(h))	If the	If the specification and		nas exceed 100	ł	,					
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	er, the applicati for small entity	on size fee due ) for each on thereof. See							
	MULTIPLE DEPEN	IDENT CLAIM PR	7 CFR 1.16(j))									
* If the difference in column 1 is less than zero, enter "0" in column 2.										TOTAL		
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT		CLAIMS		HIGHEST		l						
	03/16/2010	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 20	Minus	** 30	= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	* 3	Minus	***11	= 0		x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)		'					
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**	=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***	=		x \$ =		OR	x \$ =		
	Application S	ize Fee (37 CFR 1	.16(s))									
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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